



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name:	187140	D.O.B.: 8 11 51 67
5/16/05 0900	Blurry vision; headache; joints popping ~ cream for face BP 124/78 P.88 Pulse 99 R-20 T 98.0 BPO Wt 171 1/2 lb		
	has still some facial folliculitis. in spite of 5p. blurred vision but Exam PERLLA / EOMI Linsen RT. m/s - Exam normal.		
	(A) Chr Allergic Lenzts. ? Malingering		
	(P) Pseudofol -		
	(E) Reg Hygiene		



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
0-23-05/1110	Wright, Richard	8/15/67
169.25# - 18-70-98.2 - 118/80 - 40 joints popping, H/A, ↑ food, reg. BS ✓ — <i>K. Crotty</i>		

0) mostly Chronic osteoarthritis — nasal mucosa engorged

AIT -

HENT NL -

Except

no need for Extra food —

(*) Malingering — / allergic rhinitis.

(*) Euc glasses in place —

(*) Reg. Exercise

K

Date/Time

Inmate's Name:

Wright Richard E 187140

D.O.B. 8

175 167

8/18/85-9/4/00 am wt. 186# J 17.8 B/p 11/20 R 20 P 60
 c/o Ansole (both) feet

a) feet hurt

has normal feet

very mild flat arch.

(*) flat arches mild

but functional

b) Ansole

(*) Reg. Exer -

2

Inmate Name WMSht, Richard ID # 187140 Date/Time Initialed _____
 Note: Time In 15 min. Increments

Date	Time	Observer	Comments
6/12/02	1400	Ernestine Tyson LPN	S "I Am Alright" O - Inmate sitting on bed in cell. Alert and Oriented X 3 NO distress Noted. A - Alteration in mental status P - Will continue Mental health obser. 92 h as per protocol Ernestine Tyson LPN
6/12/02	1600	Ernestine Tyson LPN	S "OK" "Okay" O - No distress noted A - Altered mental status P - Will continue Mental health obser. E Tyson LPN
6/12/02	1800	Ernestine Tyson LPN	S "I Ain't taking no medicine." That's what got me sick that medication." O - Inmate refused to take his medication A - Altered mental status P - Will continue Mental health obser. E Tyson LPN
6/12/02	2000	Ernestine Tyson	S - NONE O - lying in bed covered with a blanket. NO distress Noted. A - Altered Mental Status P - Will continue mental health obser. E Tyson LPN
6/12/02	2200	Ernestine Tyson LPN	S - NONE O - lying in bed cover with a blanket. NO distress Noted. A - Altered Mental Status P - Will continue mental health obser. E Tyson LPN

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Institution: <u>BULLOCK</u>		<input checked="" type="checkbox"/> RTU <input type="checkbox"/> SU	Date / Time of Admission
Inmate Name: <u>Wright, Richard</u>		AIS#: <u>187140</u>	DOB: <u>08-15-1967</u>
BP: <u>120/70</u>	P: <u>70</u>	R: <u>18</u>	HT: <u>WT</u>
Vital Signs			Allergies: <u>NKA</u>

Past Medical History

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cancer	<input type="checkbox"/> TB
<input type="checkbox"/> Seizures	<input type="checkbox"/> Peptic Ulcer	<input type="checkbox"/> Back Problems	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Stroke	
<input type="checkbox"/> COPD	<input type="checkbox"/> Congenital D/O	<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Other		

Assistive Devices

<input type="checkbox"/> Walker	<input type="checkbox"/> Crutches	<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Artificial Limb(s)
<input type="checkbox"/> Glasses	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Partial Dentures	<input type="checkbox"/> Upper Dentures	<input type="checkbox"/> Lower Dentures
<input type="checkbox"/> Other:				

Major Illnesses / Accidents / Surgeries / etc.

Current Medical Problems:

Current Medications / Dosages:

Medication Compliance: ☐ 100% ☐ 50% to 90% ☐ 10% to 40% ☐ 0%

Sleep Pattern: ☐ Insomnia ☐ Difficulty Falling Asleep ☐ Difficulty Waking Up ☐ Other

Tobacco/Amount: _____ Caffeine/Amount: _____

Hygiene: ☒ Good ☐ Fair ☐ Poor Showers _____ times a week

Appetite: ☒ Good ☐ Fair ☐ Poor ☐ Appears Adequately Nourished ☐ Deficit

History of Failure to Eat / Hunger Strikes: ☐ No ☐ Yes Last Episode (explain) _____

PSYCHIATRIC HISTORY

Symptoms of First Psychiatric Event / Age of Onset:

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

Side-Effects Experienced / Causative Medications:

History of Aggression / Acting Out Behavior: ☐ Yes ☐ No
Last Episode (explain): _____

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Educational Assessment

Highest Grade Completed:

☐ Able to Read ☐ Able to Write ☐ Able to Communicate ☐ Regular Classes ☐ Special Education
☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate ☐ Able to Understand Current Diagnosis
☐ Unable to Understand Current Diagnosis

Mental Status

Mental Status

Age: ☐ Appears Stated Age ☒ Appears Younger ☐ Appears Older

Dress/Grooming: ☒ Appropriate ☐ Marginal ☐ Disheveled ☐ Bizarre

Posture: ☒ Unremarkable ☐ Rigid ☐ Stoop

Facial: ☒ Unremarkable ☐ Hostile ☐ Stoopd ☐ Worried ☐ Tearful ☐ Sad

Eyes: ☒ Unremarkable ☐ Glances Furtively ☐ Stares ☐ Poor Eye Contact

Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow
☐ Agitation ☐ Tremors ☐ Tics

General Attitude/Behavior: ☒ Spontaneous ☐ Preoccupied ☐ Suspicious ☐ Argumentative
☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile

Mood / Affect: ☒ Flat ☐ Depressed

Mood / Affect: ☒ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile
☐ Blunt ☐ Inappropriate ☐ Constricted

Speech / Communication: ☒ Normal ☐ Constricted ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute
☐ Flight of Ideas ☐ Confabulation

Thought Content: ☐ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plans ☐ Delusional Thoughts ☐ Obsessive Thoughts ☐ Phobic Thoughts ☐ Paranoid Thoughts ☐ Depressive Thoughts ☐ Manic Thoughts ☐ Other Thoughts

Thought Content: ☐ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes
☐ Phobias ☐ Indecisiveness ☐ Self-Destructive

☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Obsessive ☐ Blames Others ☐ Suspiciousness
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content

☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified

Abstract Thinking: ☒ Unimpaired ☐ Concrete

Delusions: ☐ None ☒ Persecution ☐ Systematized ☐ Somatic ☐ Other

Hallucinations: ☐ None ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile

Memory: ☒ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory

Insight / Judgment: ☐ Unimpaired ☐ Poor Judgment ☐ Poor Insight

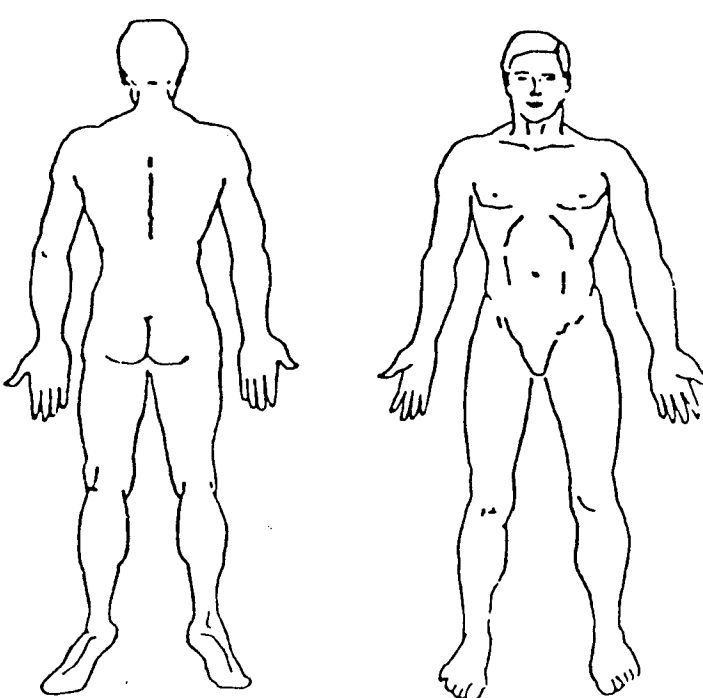
☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: _____ Date: _____
☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

Inmate Name	Wright, Richard	AIS #	187140
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DEPT. ATMENT OF CORRECTION

EMERGENCY/ (OTHER) TREATMENT RECORD

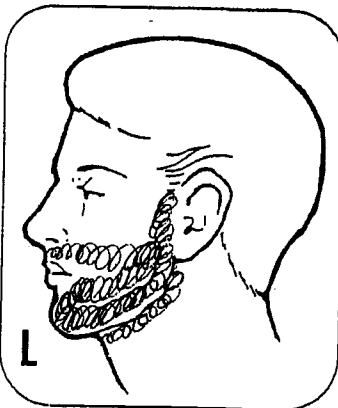
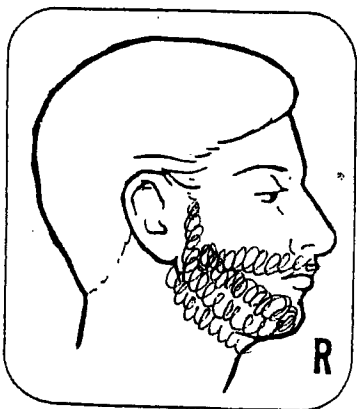
DATE <u>6/03/02</u> TIME <u>02:55</u> <u>AM</u> <u>PM</u>		FACILITY <u>Bullard</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
ALLERGIES <u>NKA</u>		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <u>98</u> ORAL RECTAL RESP. <u>14</u>		PULSE <u>100</u> B/P <u>130</u> <u>120</u>		RECHECK IF SYSTOLIC <u><100> 50</u>	
NATURE OF INJURY OR ILLNESS <u>Routine body chart for doc</u>		ABRASION///		CONTUSION #	BURN ^{xx} _{xx}
				FRACTURE ^Z _Z	LACERATION/ SUTURES
PHYSICAL EXAMINATION <u>02 Sat 94</u> <u>0 injuries</u>					
ORDERS, MEDICATION, etc.					
DIAGNOSIS <u>Routine Body Chart for DOC</u>					
INSTRUCTIONS TO PATIENT <u>Chin as usual</u>					
RELEASE/TRANSFER DATE <u>06/03/02</u> TIME <u>02:55</u> <u>AM</u> <u>PM</u>		RELEASE/TRANSFERRED TO <u>DOC</u> <input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <u>Ramona Lopez</u>		DATE <u>6/03/02</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u>	
PATIENT'S NAME (LAST, FIRST, MIDDLE) <u>Richard</u>		AGE <u>34</u>		DATE OF BIRTH <u>8/15/67</u>	R/S <u>Am</u>
				AIS # <u>187141</u>	

DEPARTMENT OF CORRECTIONS SHAVE PROFILE AUTHORIZATION

Copy

DATE: 04/02/02 ORIGINATING INSTITUTION/WORK RELEASE CENTER BCCFREASON FOR PROFILE Razor rashTREATMENT: Shaving profile x 60 days

SHAVE PROFILE INSTRUCTIONS



1. Specific area of face or neck involved is to be identified on the above profiles by the physician.
2. Hair in the areas shown on the diagrams is not to exceed 1/8".
3. The type shave to be used is clipper.
4. This shaving profile expires on 06/02/02.
5. Any corrections automatically cancel this profile authorization.
6. If the shaving profile is to be extended beyond the date indicated, a new Shave Profile Authorization must be completed and distributed appropriately.
7. Designated copies of this Shaving Profile Authorization have been distributed to:

☒ Warden 04/02/02
DATE

☒ Inmate 04/02/02
DATE

Richard Knight, RN
NURSE'S SIGNATURE
Distributed By)

Dr. Addis / et
PHYSICIAN'S SIGNATURE
(Authorization)

FULL NAME (Last, First, Middle)

Date-of-Birth

Age

R/S

AIS #

Knight Richard8/15/6734B/m187140ORIGINAL - Blue Medical Jacket
YELLOW - Inmate

PINK - Warden

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH UNIT (RTU/SU): DISCHARGE SUMMARY

(Attach most recent treatment plan and reviews)

Admitted on: July 17, 2001 Date of Discharge Decision: MARCH 12, 2002Location: BLUF MENTAL HEALTH RTU ☒ SU ☐

Reason for RTU/SU Placement:

S.M.I.

Treatment Progress on RTU/SU:

CERTIFICATE FOR ANGER MANAGEMENT
SUBSTANCE ABUSE PROGRAM
DOMESTIC VIOLENCE
REALITY THERAPYREFERRED TO: ANGER MANAGEMENT
SUBSTANCE ABUSE PROGRAM
GED PROGRAM

Current Mental Status:

CLIENT IS ABLE TO FUNCTION WELL TO MOVE TO POPULATION.
MR. WRIGHT IS CURRENTLY ON LEVEL 4 AND HAS PARTICIPATED
IN SEVERAL GROUPS AND RECEIVED CERTIFICATES.

Discharge Diagnosis:

Axis I SCHIZOAFFECTIVE DISORDER DISORDER, MANICAxis II DEFERREDAxis III DEFERREDAxis IV PRISONAxis V CURRENT GAF = 70 / HPY = 80

Current Medications:

N/A

Inmate's Mental Health Code:

SMI

HARM

HIST

NONE

Follow-Up Treatment Recommendations:

N/A

Inmate compliant with medication?

Yes ☐No ☒

Inmate placed in crisis cell last 30 days?

Yes ☐No ☒

RTU/SU Psychiatrist:

[Signature]

Phone #:

RTU/SU Treatment Coordinator:

T. Willis, MHP

Phone #:

(334) 738-3623 Ext. 16

Inmate Name

Richard Wright

AIS #

187140

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT (REVIEW)

Treatment Plan Reviewed on: MARCH 11, 2002
Institution: Bullock County Corr. Facility Treatment Plan Initiated on: August 16, 2001
Level Currently assigned: 4 Admitted to Unit on: July 17, 2001

CURRENT STATUS

Problem #1 Aggressive and Assaultive Behavior
Target Date for Resolution: May 4, 2002
Status: Resolved ☒ No Change ☐ Modified ☐
Outcome/Modification: REFERRED to ANGER Management group.
Objective is to VERBALIZE FEELINGS of ANGER in a controlled,
ASSERTIVE way.

Problem #2 Incompletion of Requirements for High school diploma or GED
Target Date for Resolution: May 4, 2002
Status: Resolved ☒ No Change ☐ Modified ☐
Outcome/Modification: REFERRED to GED program. Objective is to identify
the negative consequences that have occurred due to lack
of high school diploma.

Problem #3 Alcohol and Drug History
Target Date for Resolution: May 4, 2002
Status: Resolved ☒ No Change ☐ Modified ☐
Outcome/Modification: REFERRED to Substance Abuse Program.
Objective is to VERBALIZE AN understanding of personality
SOCIAL, AND FAMILY factors that foster chemical dependence.

Comments: -Certificate for Anger Management
-Certificate for Substance Abuse Program
-Client has a High school diploma
Level Change? Yes ☐ No ☒ New Level: _____

Second Page attached: Yes ☐ No ☒

Psychiatrist: Andrew Dorman, M.D.
Mental Health Nurse: Debra L. Dorman
Treatment Coordinator: Le Willis

Psychologist: W. C. H. H. H.
Activities Tech: R. P. H. H. H.
Correctional Officer Present: Yes ☐ No ☒

Inmate Agreement: Richard Wright

Next Treatment Plan Review to be Conducted by: April 4, 2002 Date: 11 MAR 02
(Level 1: weekly; Level 2: bi-weekly; Level 3 & 4: monthly)

Inmate Name	<u>Richard Wright</u>	AIS #	<u>187140</u>
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ROUNDS CONTACT LOG: (circle all that applies) INF SU RTU

NAME:

2/25/02

INTENSIVE PSYCHIATRIC STABILIZATION UNIT DISCHARGE TRANSFER FORM

Intensive Psychiatric Stabilization Unit Institution Completes:

Inmate Name: Richard Wright AIS#: 187140SU Institution: KCFTransfer to: Gullock or Donaldson RTU Yes ☒ No ☐Date of Transfer Request: 2/28/02SU Director: Dr. S. Jones, Ph.D. Phone #: (334) 215-6677

Current Mental Status:

Pt is A+ O+4. He has poor insight into his mental illness. Pt is sociable, friendly, and behaving appropriately. No overt distress.

Mental Health Concerns:

Housing Recommendation? Yes ☒ No ☐If yes, recommendation: RTUInmate compliant with medication? Yes ☐ No ☒Inmate placed in crisis cell last 30 days? Yes ☐ No ☒

Other Mental Health Concerns:

Pt should continue to be monitored regularly by psychiatrist and MH staff.

Inmate's Current Medication: Prolixin - Dec 25mg IM Q 2 wks (refused)
Artane 2mg po BID (refused)

Mental Health Staff at Receiving Institution Completes:

Transfer completed: _____

Mental health notified when inmate was received? Yes ☐ No ☐Inmate's medical record provided when returned? Yes ☐ No ☐Interim supply of medication provided by SU? Yes ☐ No ☐Discharge Summary/documentation in medical record? Yes ☐ No ☐

Mental Health Staff at Receiving Institution: _____

Inmate Name

Wright, Richard

AIS #

187140

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
MENTAL HEALTH UNIT (RTU/SU): DISCHARGE SUMMARY

(Attach most recent treatment plan and reviews)

Admitted on: 2/5/02 Date of Discharge Decision: 2/28/02Location: KCF RTU ☐ SU ☒Reason for RTU/SU Placement: Pt assaulted another inmate while in KCF general population & it was discovered that he had been off his medications for several months.

Treatment Progress on RTU/SU:

Pt accepted enough medication to stabilize him, then began to refuse meds (saying he didn't need them). As pt is behaving appropriately, there is no basis for forced medication at this time. Pt has obtained the maximum therapeutic benefit as constrained by his unwillingness to take meds.

Pt is A+Ox4. He has poor insight into his mental illness. He is sociable, friendly, and behaving appropriately. No overt distress.

Discharge Diagnosis:

Axis I Schizoaffective DisorderAxis II PD NOSAxis III NoneAxis IV None CurrentAxis V GAF = 75 (current)Current Medications: Prolixin - Dec 25 mg IM Q 2 wks (refused)
Artane 2mg po BID (refused)Inmate's Mental Health Code: SMI HARM HIST NONE

Follow-Up Treatment Recommendations:

Pt should continue to be monitored regularly by psychiatrist and MH staff.

Inmate compliant with medication? Yes ☐ No ☒Inmate placed in crisis cell last 30 days? Yes ☐ No ☒

RTU/SU Psychiatrist: _____ Phone #: _____

RTU/SU Treatment Coordinator: A. Mitchell, M.S. Phone #: (334) 215-6696

Inmate Name	Wright, Richard	AIS #	187140
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NAME: Wright, Schmid

AIS: 187140

[illegible]

Group Name: Jobs and Mental Health

Date/Time:

2-22-02

Dress/Grooming:	<input checked="" type="checkbox"/> Appropriate	Marginal	Disheveled	<u>10:00 AM</u>	
Motor Activity:	Decreased	Agitation	Tremors	<u>Appropriate</u>	
General Attitude/Behavior:	<input checked="" type="checkbox"/> Spontaneous	Preoccupied	Suspicious	Argumentative	Withdrawn
	<input checked="" type="checkbox"/> Participated	Passively Attentive	Inattentive	Disruptive	Hostile
Mood/Affect:	Flat	Depressed	Euphoric	Anxious	Unremarkable
Speech:	<input checked="" type="checkbox"/> Normal	Slurred	Rapid	Talkative	Mute
Flight of Ideas: <u>NONE</u>	Confabulation	Tangential	Loose Associations		
Thought Content: <u>NONE</u>	Suicidal Thought/Plans	Homicidal Thought/Plans	Bizarre	Obsessive	Suspicious
	Inadequacy	Poverty of Content	<input checked="" type="checkbox"/> No deficit identified	Helplessness	
Delusions:	<input checked="" type="checkbox"/> None	Persecution	Systematized	Somatic	
Hallucinations:	<input checked="" type="checkbox"/> None	Auditory	Visual		
Insight/Judgment:	<input checked="" type="checkbox"/> Unimpaired	Poor Judgment	Poor Insight		

Group Leaders Name & Signature:

R. DanielMHPName: Wright, RichardAIS: 187140Group Name: Anger Management

Date/Time:

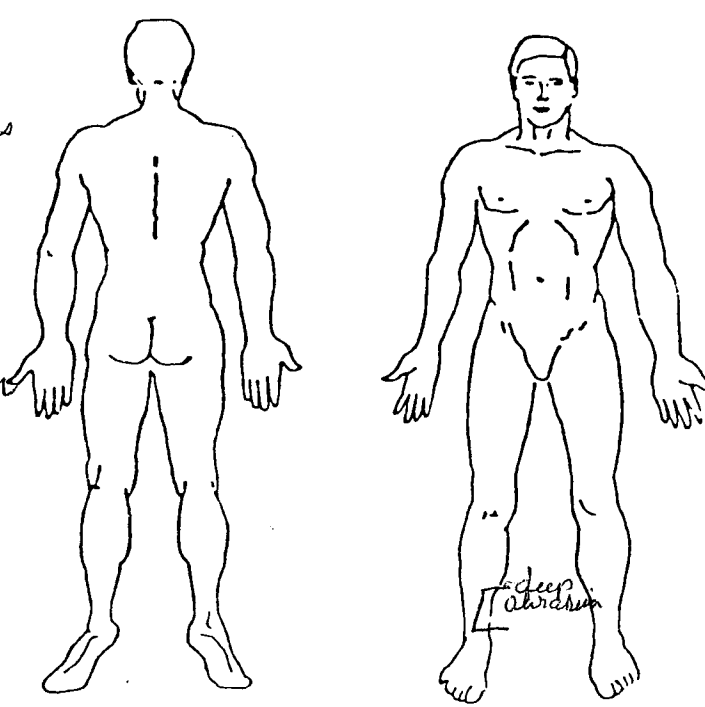
2-22-02

Dress/Grooming:	<input checked="" type="checkbox"/> Appropriate	Marginal	Disheveled	<u>1:00 PM</u>	
Motor Activity:	Decreased	Agitation	Tremors		
General Attitude/Behavior:	<input checked="" type="checkbox"/> Spontaneous	Preoccupied	Suspicious	Argumentative	Withdrawn
	<input checked="" type="checkbox"/> Participated	Passively Attentive	Inattentive	Disruptive	Hostile
Mood/Affect:	Flat	Depressed	Euphoric	Anxious	<u>Unremarkable</u>
Speech:	<input checked="" type="checkbox"/> Normal	Slurred	Rapid	Talkative	Mute
Flight of Ideas: <u>NONE</u>	Confabulation	Tangential	Loose Associations		
Thought Content: <u>NONE</u>	Suicidal Thought/Plans	Homicidal Thought/Plans	Bizarre	Obsessive	Suspicious
	Inadequacy	Poverty of Content	<input checked="" type="checkbox"/> No deficit identified	Helplessness	
Delusions:	<input checked="" type="checkbox"/> None	Persecution	Systematized	Somatic	
Hallucinations:	<input checked="" type="checkbox"/> None	Auditory	Visual		
Insight/Judgment:	<input checked="" type="checkbox"/> Unimpaired	Poor Judgment	Poor Insight		

Group Leaders Name & Signature:

R. DanielMHPName: Wright, RichardAIS: 187140

EMERGENCY/ KCF
(OTHER)

DATE 2-4-02		TIME 2230 AM		FACILITY KCF		<input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER	
				<input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>			
ALLERGIES NKA				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 99 ORAL RECTAL RESP. 20 PULSE 88 B/P 150/96				RECHECK IF SYSTOLIC <100> 50			
NATURE OF INJURY OR ILLNESS 5 - Involved in assault 0 - abrasion inner aspect (R) Ankle - & other injuries noted - I/M denies other injuries Appears paranoid, guarded Can't/won't say who or what told him to attack other innocent PHYSICAL EXAMINATION A - Alt. in Comfort R/t Alteration P - Dsg. applied to sm. scrape on Ankle - D.S.C. will decide disposition (H/o 4 problems)				ABRASION/// CONTUSION # BURN xx FRACTURE Z LACERATION/ SUTURES			
							
ORDERS, MEDICATION, etc.							
DIAGNOSIS							
INSTRUCTIONS TO PATIENT							
RELEASE/TRANSFER DATE 2-14-02		TIME 2245 AM		RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE M. Christie, RN		DATE 2-4-02		PHYSICIAN'S SIGNATURE [Signature]		DATE 2/5/02	
PATIENT'S NAME (LAST, FIRST, MIDDLE) Wright, Ronald		AGE 34		DATE OF BIRTH 8/15/67		R/S 1	

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Kelly
INSTITUTION

Murphy, Richard 18740 B-1
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____

(date)

due to _____

(date)

P, Cell #4

May have Matress & blanket
& clothes

Instructions: _____

Failure to follow the directions above may result in a disciplinary.

11 11 11 W.H.

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

BULLOCK

INSTITUTION

Wright, Richard 187140 BM

NAME

NUMBER

R/S

Lay-in for _____ days from _____

to _____

(date)

due to _____

(date)

Hydrocortisone 0.1% to
skin x 20 days

Instructions:

expire 6/16/99

Keep On Person

Failure to follow the directions above may result in a disciplinary.

1. I am a nurse and I

MMH, Inc.
~~CORRECTIONAL MEDICAL SERVICES~~
RELEASE OF RESPONSIBILITY

Wright, Richard
Name of Inmate

8/07/01 0650
Date/Time

187140 8/15/67
Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

Prokin Dec. 12.5mg IM q 2wks

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Systems, its employees and agents from all responsibility and ill effect which may result from this action.

Richard W Wright
Inmate Signature

8/07/01 0652
Date/Time

[Signature]
Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Witness

Witness

Date/Time

N610

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

Inmate's Name: Richard Wright Date: 7/18/01 Time: _____
 DOB: 8/15/67 Officer: T. WHEATON Institution: BCCF

Booking Officer's Visual Opinion

- | | <u>Yes</u> | |
|---|------------|--|
| 1. Is the inmate conscious? | <u>X</u> | |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services? | _____ | |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care? | _____ | |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution? | _____ | |
| 5. Is the skin in poor condition or show signs of vermin or rashes? | _____ | |
| 6. Does the inmate appear to be under the influence of alcohol or drugs? | _____ | |
| 7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.) | _____ | |
| 8. Is the inmate making any verbal threats to staff or other inmates? | _____ | |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? | <u>X</u> | |
| 10. Does the inmate have any obvious physical handicaps? | _____ | |

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

- | | | |
|---|----------|-----------|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or <u>psychiatric disorder</u> ? | <u>X</u> | |
| 12. Are you on any special diet prescribed by a physician? (if YES, what type?) | _____ | <u>10</u> |
| 13. Do you have a history of venereal disease or abnormal discharge? | <u>X</u> | |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? | <u>X</u> | |
| 15. Have you ever attempted suicide? | _____ | <u>X</u> |
| (If YES, When? _____ How? _____) | | |
| 16. Do you want to do any harm to yourself now? | _____ | <u>X</u> |

17. Do you want to talk to a mental health counselor?

18. Are you allergic to any medication?

19. Have you recently fainted or had a head injury?

20. Do you have epilepsy?

21. Do you have a history of tuberculosis?

22. Do you have diabetes?

23. Do you have hepatitis?

24. Do you have a painful dental problem?

25. Do you have any medical problem we should know about?

26. Do you have a past alcohol or drug history?

What type? _____ How much use? _____

For how long? _____ Last time used? _____

Comments: (Unusual behavior, etc.)

For the Officer:

27. Was the new inmate briefed on sick/dental call procedures?

28. This inmate was: a. Released for normal processing

b. Referred to appropriate health care unit

c. Immediately sent to health care unit

John McCall
Officer's Signature

Note: This form is completed on inter and intra system transfers at receiving and will be filed the inmates medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 1-

Richard W. Wright
Inmate's Signature

meag
25-40
N/A
D

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

KCF

INSTITUTION

of
B

Wright, Richard SW#2
NAME

187140 3/m
NUMBER R/S

Lay-in for _____ days from _____ to _____
(date)

~~Open~~ due to _____
(date)

Instructions:

Please assign to SW#18
Per Medical Health.

Failure to follow the directions above may result in a disciplinary.

7/5/01
Date Issued

[Signature]
Signature

F-53

OK
Capt [Signature]
7/9/01 12:24pm
Give to Sgt Reeves

Richard Wright

MENTAL HEALTH UNIT RULES

In order to provide a more therapeutic environment, the following rules will be observed by all inmates assigned, or on pass to, the Mental Health Unit. You will acknowledge your acceptance of these rules by signing below.

1. Inmates must be fully compliant with their medications and must participate in all prescribed psychotherapy, counseling, and group therapy. Willful misuse of medication (e.g. throwing it away, "cheeking", hoarding, giving it away, etc.) will result in disciplinary action.
2. Inmates must maintain their personal hygiene and grooming in such a manner as to comply with Department of Corrections regulations and health care standards. Wake up time is 7:00am. Cells should be cleaned and beds made at this time. Inmates are expected to clean up their own areas daily. Inmates who fail to do so will be reported to their therapist for counseling on this matter. Showers begin at 8:00am.
3. Cigarettes and/or tobacco products are not allowed on the Mental Health Unit. Disciplinary action will be taken for each violation.
4. One bag of coffee twice a month is allowed. Store order is limited to \$15.00 per week every Tuesday.
5. Inmates are to be properly attired (institutional pants and shirt or undershirt) during the hours of 7:00am to 4:00pm, unless engaged in hygiene or grooming activities or is in bed covered by bedding. No bare chests, bare feet, or undershorts will be exposed during these hours.
6. Inmates are not to steal or fight, nor to gamble, barter, or trade personal or store items.
7. Inmates will not engage in any homosexual activities, or in masturbation/fondling of the genitals in the view of others.

MENTAL HEALTH RULES

PAGE 2

8. The television is provided for the use of everyone. Disputes over channel selection are to be taken to the officer on duty, who will, in turn, conduct a vote.
9. Inmates will respect the rights and feelings of each other, as well as those of the staff (security, nursing, mental health). Name-calling, teasing, verbal threats, cursing, and sexual innuendoes will not be tolerated.
10. The formation of cliques is discouraged. Inmates are not to engage in group discriminatory or intimidating practices.
11. Inmates who violate these rules will be subject to confinement to their cells, removal from the unit, and/or disciplinary action.

Richard W. Wright
INMATE'S SIGNATURE

187140
AIS NUMBER

A. Mitchell, M.S.
WITNESS

6/12/01
DATE

med 9
25 yrs
never in an institution
no N/A

HEALTHCARE UNIT
PATIENT INFORMATION SLIP

KCF
INSTITUTION

Wright, Richard *MA 14* *187140* *B/m*
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____

Judith H (date) due to _____
(date)

Instructions:

Please assign to SW # 154
per Mental Health.

Failure to follow the directions above may result in a disciplinary.

6/21/01
Date/issued

Signature

F-53

ORC
6/21/01
2:40 pm

med 9
25 hrs
NKE @

HEALTHCARE UNIT
PATIENT INFORMATION SLIP

KCF

INSTITUTION

Wright, Richard ~~11/14~~ 187140 B/M
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____

(date) due to (date)

Instructions:

Please allow passes to
SW daily, per Mental Health.

Failure to follow the directions above may result in a disciplinary.

Date Issued

6/18/01

Signature

Carac-Mason Mitchell, M.S.

F-53

OK [Signature]
6/18/01
2001
Given to [Signature]
[Signature]

*Rec 11:10 AM
11:20 AM
KLF*

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

KLF
INSTITUTION

*med 9
25 hrs
N/A (nd)
OK*

MH #010

Wright, Richard
NAME

187140 B/m
NUMBER RS

Lay-in for _____ days from _____ to _____
(date) (date)

due to

(date)

Instructions:

*Please move pt to
MH #014*

Failure to follow the directions above may result in a disciplinary.

12 June 01
Date Issued

Signature

*Wendell Bell, MD
Off Cert Subst
6/12/01 11:30 am Gave to
Stevens*

med
25-4-01
NICE

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

KCF

INSTITUTION



Wright, Richard PS-4 187140 8/01
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____

(date)

due to _____

(date)

Instructions:

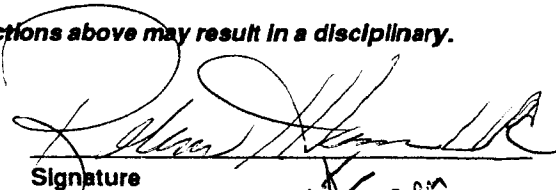
Please Assign to MH#10
per Mental Health

Failure to follow the directions above may result in a disciplinary.

Date Issued

6/11/01
Rec 11:50
R. Blashaw MD
F-53

Signature



OK
Certified
6/11/01 2pm
Give to
get Kover

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

may 9
25-40
NICE

INSTITUTION

P-1 #004

Wright Richard

NAME

187/40

NUMBER

B/m

R/S

Lay-in for _____ days from _____ to _____

(date)

due to

(date)

Instructions:

Please move pt to
MH #14

Failure to follow the directions above may result in a disciplinary.

Date Issued

Signature

Wendell Bell, Jr

Name: Wright, Richard
Number: 187140 Race: B W H Other
Age: 8 Date of Birth: 8/15/67 Sex: M F
Allergies: DKA Food Handler Approved: (Y) N
Current Acute Conditions/Problems: facial dermatitis
Chronic Conditions/ Problems: Mental

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: Benzoyl peroxide 5%
Tetracycline 250 mg x 14d
Chronic Long-term Medications: prolixin Dec 25mg
Cogentin 2mg
Chronic Psychotropic Medications: prolixin Dec 25mg
Cogentin 2mg
Current Treatments: (X)
Follow-up Care Needed: (X)

Last PPD: 7/14/00 Results (X) mms Last Physical: 7/8/00
Chronic Clinics: M-H Specialty Referrals: (X)

Significant Medical History: (X)

Physical Disabilities/Limitations: (X)
Assistive Devices/Prosthetics: (X) Glasses: yes Contacts: (X)
Mental Health History/Concerns:
Substance Abuse: (Y) N Alcohol: (Y) N Drugs: Y (N)
yes Hx Suicide Attempt: Date: / /
yes Hx Psychotropic Medication
Previous Psychiatric Hospitalizations

Q. Mays Rn
Signature and Title Date: 6/6/01

TRANSFER RECEPTION SCREENING

Date: / / Time: AM PM

S: Current Complaint:

Current Medications/Treatment:

O: Physical Appearance/Behavior:

Deformities: Acute/Chronic:

T P R B/P /

A:

Receiving
Facility:

P: Disposition: (Instructions: Check or circle as appropriate)

- Routine, Sick Call
- Instructions Given
- Emergency Referral
- HIV/TB Instruction Given
- Physician Referral:
- Urgent / Routine
- Medication Evaluation
- Work/Program Limitation
- Special Housing
- Specialty Referrals
- Chronic Clinics
- Mental Health
- OTHER
- Infirmiry Placement

Other:

Signature and Title

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 06-06-01 2230		TIME AM	FACILITY Kelley		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER			
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA					
VITAL SIGNS: TEMP 98.2		ORAL RECTAL	RESP. 18	PULSE 62	B/P 101/70	RECHECK IF SYSTOLIC <100 >50		
NATURE OF INJURY OR ILLNESS S - "I'm fine" C - Alert & oriented x3 - Sm. superficial marks of sm. Whelps noted to upper body at head - no bleeding noted inmate denies any pain -			ABRASION/III		CONTUSION #	BURN ^{xx} / _{xx}	FRACTURE ^Z / _Z	LACERATION/ SUTURES
PHYSICAL EXAMINATION R - alt. develop. Complaint RIT Mental Status								
R - will continue to monitor and document any changes								
ORDERS, MEDICATION, etc. Adm to MHU pl. Cell #4								
DIAGNOSIS								
INSTRUCTIONS TO PATIENT								
RELEASE/TRANSFER DATE 06/06/01 2245		TIME AM	RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL			
NURSE'S SIGNATURE [Signature]		DATE 06-06-01	PHYSICIAN'S SIGNATURE [Signature]		DATE	CONSULTATION		
PATIENT'S NAME (LAST, FIRST, MIDDLE) Wright, Richard				AGE 33	DATE OF BIRTH 8/15/67	R/S BM	AIS # 187140	



Department of Corrections

Emergency/ STCU Treatment Record

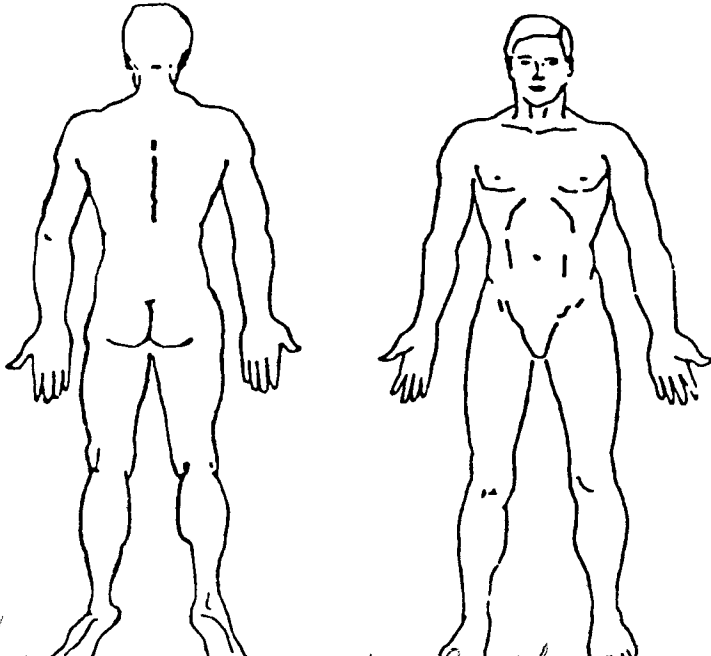
(Other)

Date <u>6/6/01</u>		Time <u>8:30</u> <u>PM</u>		Facility <u>Draper / Sec</u>		<input type="checkbox"/> Emergency <input type="checkbox"/> Other	
Allergies <u>NKA</u>				Condition on Admission <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma			
Vital Signs:		Temp <u>98.9</u>		Oral Rectal		Resp. <u>22</u>	
		Pulse <u>78</u>		B/P <u>122/80</u>		Recheck if Systolic < 100 > 50	
Nature of Injury or Illness				Abrasions /// Contusion # Burn <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Fracture <input checked="" type="checkbox"/> Laceration/ Sutures			
<u>S. Body Chart per D.O.C.</u> <u>Stinging from heat on hands.</u>							
Physical Examination							
<u>O. Brought out of Seg unit</u> <u>observed playing in hot water</u> <u>in Seg unit. Small superficial</u> <u>nicks noted to head and</u> <u>back area from shield and</u> <u>some whelps noted to upper</u> <u>body areas & fresh bleeding</u> <u>noted. A+0x3. MAEW. NO</u> <u>NAPN.</u>							
Orders, Medication, etc.							
<u>A. Body Chart per D.O.C.</u> <u>P. NO tx needed @ this time.</u> <u>per protocol</u>							
Diagnosis							
Instructions to Patient							
Release/Transfer Date <u>06/06/01</u>		Time <u>8:37</u> <u>PM</u>		Release/Transfer Date <u>Draper</u>		Condition on Discharge <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Critical	
Nurse's Signature <u>[Signature]</u>		Date <u>6/6/01</u>		Physician's Signature		Date	
Patient's Name (Last, First, Middle)		Age		Date of Birth		R/S AIS #	
<u>Wright, Richard</u>		<u>8</u>		<u>15/67</u>		<u>Bm 18-7140</u>	

Original - Medical Record Yellow - Transfer Agent

Department of Corrections

Emergency/ Other Treatment Record

Date <u>6/04/01</u>		Time <u>9:36</u> <div style="display: flex; align-items: center;"><div style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</div>PM</div>		Facility <u>Draper</u> <div style="display: flex; align-items: center;"><input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> Escapee <input type="checkbox"/> <u>sup</u></div>		<input type="checkbox"/> Emergency <input type="checkbox"/> Other	
Allergies <u>NKA</u>		Condition on Admission <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma					
Vital Signs:		Temp <u>99.0</u> <div style="display: flex; align-items: center;"><div style="border: 1px solid black; border-radius: 50%; padding: 2px;">Oral</div>Rectal</div>		Resp. <u>20</u>		Pulse <u>76</u>	
		B/P <u>128/92</u>		Recheck if Systolic <u>< 100</u> > 50			
Nature of Injury or Illness <u>5- "I just worried about leaving people behind, packing people in prison. I am worried about my brother that's in jail, friends in jail."</u>				Abrasions <u>///</u> Contusion # _____ Burn <u>X</u> Fracture <u>Z</u> Laceration/ _____ Sutures _____			
							
Physical Examination <u>P- Ambulatio into ER 3 difficulty. Alert & Oriented x 3. Skin w/o to the touch. Resps even et unlabored. Inmate appears calm, Oriented. State he's not going to hurt himself or anyone else. Says he's only hearing his voice when he speaks and when someone speaks to him. No voices inside or outside. Has head. Escorted via officers Delman & Baker, who states inmate is preaching, packing some things. Inmate states he likes to preach the word was packing some books. Says he will not preach or be loud, nor bother anyone when he goes back to Draper.</u>							
Orders, Medication, etc. <u>P- 1) Return to Draper</u> <u>2). Will contact Dr. Bell. Dr. Bell returned call.</u>							
Diagnosis <u>See nurses notes.</u>							
Instructions to Patient							
Release/Transfer Date <u>06 10 4 101</u>		Time <u>9:57</u> <div style="display: flex; align-items: center;"><div style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</div>PM</div>		Release/Transfer Date <u>Draper</u> <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> Doc <input type="checkbox"/> Ambulance</div>		Condition on Discharge <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Critical	
Nurse's Signature <u>Alustin LPW</u>		Date <u>06/03/01</u>		Physician's Signature		Date	
Patient's Name (Last, First, Middle) <u>Wright, Richard</u>				Age <u>33</u>		Date of Birth <u>08 11 15 1967</u>	
				R/S <u>Bm</u>		AIS # <u>18 7140</u>	

Original - Medical Record Yellow - Transfer Agent

CORRECTIONAL MEDICAL SERVICES

RECEIPT FOR MEDICAL PRODUCT

Inmate Name: Wright, Richard ID# 187140

Institution: DCC

Medical Product: Eye Glasses Date Received: 7/20/99

I verify that I have received the medical product named above. I understand I am fully responsible for the care of this item. I further understand that I may be required to pay for any repair or replacement.

Richard W Wright
Inmate Signature

Edna Frankford
Signature of Healthcare Staff Dispensing Product

MEDICAL RECORD REVIEW:

Past history of hepatitis:

TB test current:

TB test negative:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If history of positive TB test, verified completed treatment:

(Date)

PHYSICAL ASSESSMENT:

Open sores or rashes on hands, arms, face and neck:

Has diarrhea:

Has a cough:

Lungs clear to auscultation:

Signs and symptoms of other contagious diseases:

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Specify: _____

This inmate's Medical Record has been reviewed and he/she has been examined:

- ☒ He/she IS medically cleared for duty as a food service worker.
- ☐ He/she IS NOT medically cleared for duty as a food service worker.

Signature

7-6-99
Date

NAME:

ID#/DOB:

LOCATION:

1. Put hairnet on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or hairnet when handling food.

HANDWASHING

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

SICKNESS

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail.

Richard W Weigl 187140
Inmate Signature

7/6/99
Date

J R Lm
Nurse Signature

7/6/99
Date

NURSES' NOTES

[illegible]

NAME, (Last, First, Middle)

NAME, (Last, First, Middle)
FBI Wright, Richard

AIS, #

AIS # 187140

DOB

DOB 8/15/67

RACE/SEX

RACE/SEX

NURSES' NOTES

[illegible]

HEALTHCARE UNIT

PATIENT INFORMATION SLIP

BCCF

INSTITUTION

Wright Richard

NAME

187140

NUMBER

R/S

Lay-in for

days from

to

(date)

due to

(date)

Instructions:

Blood Pressure Checks

Twice A Day For 5 Days

Starting 7/27/98 at 0800 am and

700 pm. Please Record.

Failure to follow the directions above may result in a disciplinary.

7/29/98 C. F. F. 170

HEALTH CARE UNIT

PATIENT INFORMATION SLIP

BCE

INSTITUTION

Wright, Richard

NAME

18740 B/P

NUMBER

R/S

Lay-in for _____ days from _____ to _____

(date)

due to _____

(date)

Instructions:

B/P checks x 3 days. Twice

a day 7am - 7pm

7/3/98 7/4/98 7/5/98

Failure to follow the directions above may result in a disciplinary.

7/3/98

T. H. Chaudhary

Natalie L. A. A.

4610

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

Inmate's Name: WRIGHT, RICHARD ^{B/187140} Date: 7-1-98 Time: 10:33
 DOB: 8/15/67 Officer: B. BRENN Institution: BCCF

Booking Officers Visual Opinion

Yes No

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Is the inmate conscious? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the skin in poor condition or show signs of vermin or rashes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the inmate appear to be under the influence of alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the inmate making any verbal threats to staff or other inmates? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the inmate have any obvious physical handicaps? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

- | | | |
|---|--------------------------|--------------------------|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you on any special diet prescribed by a physician? (If YES, what type?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have a history of venereal disease or abnormal discharge? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever attempted suicide? | <input type="checkbox"/> | <input type="checkbox"/> |
| (If YES, When? _____ How? _____) | | |
| 16. Do you want to do any harm to yourself now? | <input type="checkbox"/> | <input type="checkbox"/> |

17. Do you want to talk to a mental health counselor?

18. Are you allergic to any medication?

19. Have you recently fainted or had a head injury?

20. Do you have epilepsy?

21. Do you have a history of tuberculosis?

22. Do you have diabetes?

23. Do you have hepatitis?

24. Do you have a painful dental problem?

25. Do you have any medical problem we should know about?

26. Do you have a past alcohol or drug history?

What type? _____ How much use? _____

For how long? _____ Last time used? _____

Comments: (Unusual behavior, etc.)

For the Officer:

27. Was the new inmate briefed on sick/dental call procedures?

28. This inmate was: a. Released for normal processing

b. Referred to appropriate health care unit

c. Immediately sent to health care unit

Officer's Signature

Note: This form is completed on inter and intra system transfers at receiving and will be the inmates medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standards

Inmate's Signature

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring
Facility: BCCName: Wright, RichardNumber: 187140 Race: B W H OtherAge: _____ Date of Birth: 8/15/67 Sex: M FDate: 6/30/98

Time: _____ AM PM

Allergies: NKA

Food Handler Approved: Y / N

Current Acute Conditions/Problems: 0Chronic Conditions/ Problems: HTP

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: 0Chronic Long-term Medications: 0Chronic Psychotropic Medications: 0Current Treatments: 0Follow-up Care Needed: 0Last PPD: 5/20/96 Results 0 mmsLast Physical: 5/20/96Chronic Clinics: HTP Specialty Referrals: 0Significant Medical History: 0Physical Disabilities/Limitations: 0Assistive Devices/Prosthetics: 0 Glasses: 0 Contacts: 0

Mental Health History/Concerns:

Substance Abuse: Y / N Alcohol: Y / NDrugs: Y / NHx Suicide Attempt: Date: 1/1/

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature and Title: E Taylor RNDate: 6/30/98

TRANSFER RECEPTION SCREENING

Date: 7/2/98 Time: 1845 AM PMS: Current Complaint: Hx of HTPCurrent Medications/Treatment: glassesO: Physical Appearance/Behavior: calm wellDeformities: Acute/Chronic: 0T 98 P 76 R 18 B/P 157/96

A: _____

Receiving
Facility: BCCF

P: Disposition: (Instructions: Check or circle as appropriate)

☒ Routine, Sick Call☐ Instructions Given☒ Emergency Referral☐ HIV/TB Instruction Given☐ Physician Referral:☐ Urgent / Routine☐ Medication Evaluation☐ Work/Program Limitation☐ Special Housing☐ Specialty Referrals☒ Chronic Clinics☐ Mental Health☐ OTHER☐ Infirmary Placement

Other: _____

Signature and Title: T. Edwards RN